PTO/SB/17 (01-06) Approved for use through 07/31/2006. OMB 0651-0032 Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Francisco de Angeliado	D 4919)			Complete if Kn	plete if Known					
FEE TRANSMITTAL				Application Number		10/017,755				
	4L	Filing Date		October 30, 2001						
For		First Named Inventor		T. Shimizu						
Applicant claims small	27	Examiner Name		S. Tran						
Applicant claims small	21	Art Unit		1615						
TOTAL AMOUNT OF PAYN	MENT (\$	) 1810.0	0	Attorney Dock	et No.	2522 US2P				
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 500799 Deposit Account Name: Takeda Pharmaceutical Company										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s)										
under 37 CFR WARNING: Information on this	1 16 and 1	17			-		Provide credit card			
information and authorization			iit card in	ionnauon snoulu	HOL DO HIC		. Provide credit card			
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)										
1. BASIC FILING, SEAR			FEES							
	FILING FEES SEARCH FEES EXAMINA									
Application Type	Fee (\$)	Small Entity Fee (\$)	<u>Fee (\$</u>	Small Entity Fee (\$)	<u>Fee</u>	Small Entity (\$) Fee (\$)	Fees Paid (\$)			
Utility	300	150	500	250	200	100				
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80				
Reissue	300	150	500	250	600	300	·			
Provisional	200	100	0	0	(	0				
2. EXCESS CLAIM FEE	S					<u>Fee (\$)</u>	Small Entity Fee (\$)			
Each claim over 20 (in						50	25			
Each independent clai		(including Reiss	sues)			200	100			
Multiple dependent cl			Eo	a Baid (\$)		360 Multiple	180 Dependent Claims			
Total Claims - 20 or HP =	Extra Clai	ms Fee (\$)	=	e Paid (\$)		Fee (\$)				
HP = highest number of total	-	or, if greater than 20					<u></u>			
Indep. Claims - 3 or HP =	Extra Clai		<u>Fee</u>	Paid (\$)		<del></del>				
HP = highest number of indep	endent claim	x s paid for, if greater	than 3.							
3 APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50										
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x =										
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Pald (\$)										
Other (e.g., late filing surcharge): Petition for Extension of Time (1020.000) and RCE (790.00) 1810.00										
SUBMITTED BY										
				Pegistration No.			·- ·			

SUBMITTED BY								
Signature	Elaine	m	Kamesh	Registration No. (Attorney/Agent) 43,0	32	Telephone 847-383-3391		
Name (Print/Type) Elaine M. Ramesh, Ph.D., JD					Date 5	5/19/06		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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